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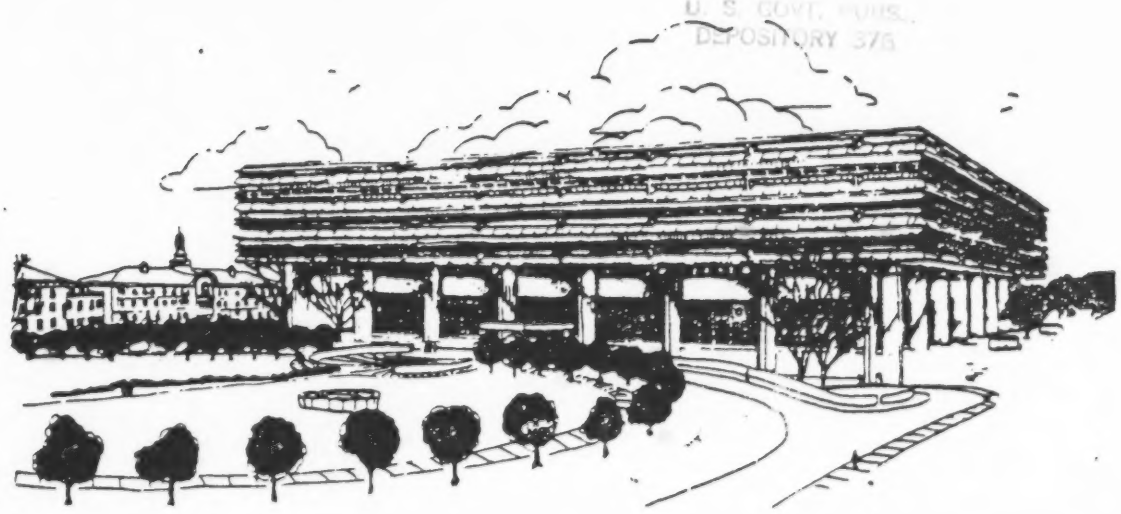

HANDBOOK FOR MATERNITY PATIENTS

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FOREWORD

This Handbook of Information for Maternity Patients has been carefully prepared for the instruction and guidance of the expectant family. The information it contains represents the best medical advice that can be given you to insure, insofar as possible, normal delivery of a healthy infant. Each expectant parent will benefit by carefully reading this booklet.

Our objective is to provide each of our expectant mothers with expert medical attention. To this end, Walter Reed Army Medical Center is staffed by well-trained physicians in the specialty of Obstetrics. Prenatal care must be a matter of full cooperation and teamwork between the physician and patient. The patient has a right to expect that everything will be done for her wellbeing and comfort. In return, the physician has a right to expect that the patient heed his/her suggestions, if he/she is to assume responsibility for her care.

This booklet was prepared to assist you. Please read and retain it for ready reference throughout your prenatal period. You can assist your doctor by writing down any questions prior to your visits to the Prenatal Clinic.

As you know, in the majority of obstetrical cases, complications to mother or infant are rare. Close adherance to advice outlined in this booklet will offer you the best chance for a happy outcome to your pregnancy.

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NEW PRENATAL PATIENTS

Under NORMAL conditions, an appointment for the initial prenatal visit should be made through the Central Appointment System by dialing 576-2761. We request that you have a positive pregnancy test and at least one missed menstrual period before calling for an appointment. An individual who has diabetes, heart, kidney, lung or other known diseases should register for prenatal care as early as possible.

Your initial prenatal appointment will be made for a Wednesday Morning. You will not see the doctor at this time but instead will be scheduled for the Prenatal Orientation Class. The Prenatal Orientation is an important part of your health care, as it is designed to give you information regarding dietary requirements in pregnancy, examinations and testing done during OB Clinic appointments, expectant parent classes in the area, and other health services available for maternity patients. You will also be given instruction in self-administration of prenatal vitamins and iron. All expectant mothers will complete a medical history questionnaire and have initial laboratory work done on this visit. Plan on spending about four hours in the Prenatal Clinic for this first visit.

Your second appointment will be made approximately 7 - 10 days later on a Monday or Friday morning. At this time, you will be examined by the doctor and your completed laboratory results will be available for him to see. Further medical information will be obtained by the doctor, and he will give you a physical and pelvic examination. This examination is very important, because it will help the doctor to determine if there are any abnormalities which might cause complications during pregnancy, labor, and/or delivery.

FOLLOW-UP EXAMINATIONS

After the initial prenatal examinations above, normal routine prenatal follow-up examinations will be conducted by appointment on Monday or Friday mornings. Patients will normally be seen for examination every four weeks for the first seven months of pregnancy, every two weeks from the eighth to ninth month, and every week thereafter, until delivery. A separate clinic is conducted for complicated pregnancies or patients with associated diseases. If appropriate, your doctor will refer you to this clinic.

Your doctor will tell you on each visit when he wishes you to return to the clinic. Schedule your return visits through Central Appointments. Periodic visits are important. If it is impossible to keep your appointment, please call the OB Clinic to cancel, and reschedule through Central Appointments for a date not more than one week later.

Please do not bring children to the OB-GYN Clinic. The WRAMC Nursery is available for this purpose. It is open Monday through Friday from 0745 - 1630 (7:45 am - 4:30 pm), and cares for children from 6 months to 8 years. The phone number is: 576-3516. Before coming to the WRAMC

Nursery, call and bring your child's immunization record on the first visit. No sick children, retarded, or medically disabled child will be accepted. (At the present time, the Nursery Advisory Counsil is considering the feasibility of lowering the admission age to three months.

GENERAL INFORMATION ON KEEPING WELL DURING PREGNANCY

REST AND SLEEP

Every pregnant woman should get eight hours of sleep each night. Rest periods at which time you really relax, are encouraged at regular intervals throughout the day.

EXERCISE

Outdoor exercise gives you a chance to get some sunshine and fresh air. Walking is generally recommended because it uses the muscles of your entire body and strengthens some of the muscles you will use in labor. Lifting heavy objects and moving furniture should be avoided. Stretching will not harm you or the baby. Just do not reach for things from a chair or ladder where you might lose your balance and fall. Instructions and information on posture and prenatal exercises were given to you on your first Prenatal Orientation Visit. Extra copies are available in the Prenatal Clinic. If your pregnancy is progressing normally you may continue to engage in those activities to which you are accustomed. If in doubt, consult your physician.

CLOTHING AND SHOES

Clothing should be loose fitting and confortable. Tight encircling articles such as round garters, belts, corsets, rolled stockings, or elastic bands should not be worn. Your shoes are one of the most important part of your clothing at this time. As your abdomen gets larger, your posture changes. Proper fitting shoes that give your feet support and have low to medium heels, will help you keep your balance and may prevent leg ache, backache, and fatigue. Moccasins, ballet type shoes and sneakers give little or no support.

CARE OF BREASTS

The breasts should be supported by a comfortable, well-fitting uplift brassiére. It is important to see that the cup is large enough and that the underarm is built up high enough to cover all the breast tissue. Wide shoulder straps will give you the most comfort and support. You may notice a fluid oozing from the nipple. This fluid (colostrum) dries and forms a crust which is almost impossible to see. Wash your breasts when you shower or take a bath to remove this crust. Mothers interested in breast feeding are encouraged to ask for a separate pamphlet on that subject, available in the OB Clinic.

DOUCHES

Douching is not recommended during pregnancy, even though there is an increase in glandular activity which usually causes an increase in vaginal discharge. If the vaginal secretions become very HEAVY or MALODOROUS and irritates the skin, TELL YOUR DOCTOR on your next visit. Douching may be harmful by initiating infection or bleeding.

SMOKING

You are advised to REFRAIN COMPLETELY FROM SMOKING DURING PREGNANCY. Smokers tend to have low birthweight babies. Your baby's health and sometimes even its life are threatened by low birthweight. The danger to you is lung cancer, other respiratory diseases, and heart disease.

ALCOHOL

An occasional drink during pregnancy may not harm your baby. But NO ONE KNOWS how much alcohol is too much. Scientists have found that many children born to women who drink excessively while pregnant, have a pattern of physical and mental birth defects. They call the more severe problems the "fetal alcohol syndrome." Fetal alcohol syndrome is a very real problem in the United States today since it is estimated that there are more than one million alcoholic women of childbearing age.

INTERCOURSE

Sexual intercourse is safe during the <u>normal</u> pregnancy until about four weeks before the delivery date, unless you have unusual contractions or bleeding afterwards. After that time, this issue should be discussed with your physician. Furthermore, after the 24th week of gestation, it is advised that you assume a coital position other than male superior/female-inferior.

TEETH

There is no truth to the old adage, "For every baby you lose a tooth." Good dental hygiene and regular follow-up visits to the dentist is no more important during pregnancy, than it is at any other time in your life. On your first OB orientation visit, you received instruction by the dental hygienist and a consult for oral prophylaxis and fluoride treatment to be completed at a later date.. If you have cavities, they should be filled. However, only emergency dental care is authorized at WRAMC. If you do require dental care, be sure to tell your dentist that you are pregnant. Your dentist will then take special precautions if X-rays or other than local anesthesia is necessary.

TRAVEL

Of course you can travel as long as your pregnancy is uncomplicated. Travel by plane or train is best because you can get up and walk around,

If you do travel by car, or bus, plan to stop every two hours for a brief walk, change of position, and restroom break. Long distance travel during the last month of pregnancy is generally not advised simply because your baby may decide not to wait until your "Due Date".

VACCINATIONS

Immunizations are not routinely advised during pregnancy. Please consult your physician if you have special questions relative to immunizations or travel requirements.

INFECTIOUS OR CONTAGIOUS DISEASES

Prevention is the best rule. It makes good common sense to avoid sick adults and sick children. If you suspect or actually have any contagious or infectious disease, please call the prenatal clinic for special instructions concerning your appointment. Do not come to the clinic without calling first.

DIET, NUTRITION, AND WEIGHT GAIN

The health of your unborn child can depend to a great extent, on your nutritional stores before pregnancy, and good nutrition during pregnancy. On your very first prenatal clinic visit, a nutritionist explained to you about adequate dietary intake during pregnancy. Remember, pregnancy is not the time to diet! We want you to gain an average of 20 - 35 pounds. From about the fourth month of pregnancy until delivery time, you will need about 2400 calories each day. Your diet should contain adequate amounts of body-building protein, vitamins, and minerals to ensure good physical and mental development of your baby. Excess weight gain usually will result from ingestion of "empty calories" such as potato chips, pastries, and other sweets. It is certainly alright to season your food, as long as your general health is good, your pregnancy is progressing normally, and you have no other medical condition that would contradict this practice. What we do ask of you is "Not to Go on a Salt Binge!"

An expectant mother needs these foods every day:

MILK: Three to four 8-ounce servings of whole or skim milk.
PROTEIN FOODS; animal and vegetable: three 2-3 ounce servings which include meat, fish, poultry, cheese and eggs.
GRAIN PRODUCTS: Three servings each day. These include bread, cereals, pasta, rice, and wheat germ.
FRUITS AND VEGETABLES RICH IN VITAMIN C: One serving each day, fresh, frozen, or canned.
LEAFY GREEN VEGETABLES: Two servings each day. A serving is one cup raw or 3/4 cup cooked.
OTHER FRUITS AND BEGETABLES: One serving each day.

DIET FOR NAUSEA AND VOMITING IN EARLY PREGNANCY

SUGGESTED MEAL PLAN:

On Waking	Melba Toast, Soda Crackers, or Zwieback
Breakfast	Choice of: 1) Canned fruit without syrup 2) Ripe Banana or Fresh fruit Small serving of cooked or ready-to-eat Cereal. Skim Milk on cereal 2 slices of toast Jelly
10 A.M.	1 glass fruit juice
Lunch	Sandwich made with lean meat, fish or egg. Canned fruit without syrup
3 P.M.	1) 1 glass malted milk made with skim milk 2) Fruit juice
Dinner	3 oz. serving lean beef, chicken, fish egg, or cottage cheese Small serving potato, rice or Pasta Small serving cooked vegetable 2 slices bread or toast Jelly canned fruit without syrup, or fresh fruit.
8 P.M.	1 serving Jello 1 glass skim milk
10 P.M.	3 Graham Crakers

NOTE: Fluids should be taken between meals rather than at mealtime.

FOODS TO BE OMITTED FROM YOUR DIET:

FATS - Foods containing fats or foods prepared with fat.
VEGETABLES - Those which may cause distress, such as dried Beans, dried Peas, Cauliflower, Cabbage, Broccoli, Turnip, Onion, or Garlic.
OTHER: Coffee in large amounts, excessive seasoning.

MINOR DISCOMFORTS OR COMPLAINTS DURING PREGNANCY

BACKACHE: As the uterus grows, its weight disturbs the normal postural

balance. You tend to compensate by hyperextending the lower vertebral column, thus placing undue strain on the small muscles of the back. (this is sometimes refered to as the "Waddle of Pregnancy")

WHAT TO DO ABOUT IT: Wear low-heeled shoes which will give you good balance. A firm mattress, light spandex maternity girdle, good posture, change of position and frequent rest breaks will all offer varying amounts of relief.

DIZZINESS: This may occur at any time, but is more pronounced in the second half of pregnancy. Caused by compression of large blood vessel (inferior vena cava) which tends to pool blood in the thighs and legs.

WHAT TO DO ABOUT IT: Try to avoid prolonged standing or sitting. Certainly lying down, especially on the left side will offer immediate relief. Carry a bottle of smelling salts in your handbag.

URINARY FREQUENCY: This is very common during the first trimester and the last six weeks of pregnancy. The actual mechanical pressure of the presenting part entering the pelvis results in direct pressure on the bladder and urethra. You feel like you have to empty your bladder frequently, and many times may even experience some dribbling.

WHAT TO DO ABOUT IT: There is nothing much you can do to prevent this annoying occurrence, however, it would be a good idea to not plan activities that would keep you away from a bathroom for prolonged periods.

SWELLING OF EXTREMITIES: Every pregnant woman will experience a certain amount of swelling of hands or feet. Mild swelling is normal, expecially after prolonged standing or riding/sitting.

WHAT TO DO ABOUT IT: You will notice that you will have minimal amounts of swelling in your hands or feet after resting all night. Therefore, try to take frequent rest breaks during the day also.. The best position to prevent swelling is a left-side lying or a walking position. If you notice that your rings are feeling tight, it would be best to remove them until the swelling decreases.

NAUSEA/VOMITING: Not uncommon during first trimester of pregnancy. Thought to be due to rapidly rising hormone levels in the blood. Usually occurs on an empty stomach.

WHAT TO DO ABOUT IT: Dry toast or crackers before arising. Frequent small meals during day and at bedtime. If severe, ask your doctor for some medication which may help.

INDIGESTION: Usually occurs in the later months of pregnancy when the enlarged uterus presses up against the stomach and may even cause feelings of nausea and vomiting.

WHAT TO DO ABOUT IT: Avoid fatty, gasseous, or highly seasoned foods.

Never take baking soda or other medication that contains bicarbonate of soda. Any aluminum acid products may give relief.

CONSTIPATION: Almost a universal complaint. Probably due to hormonal effect which produces relaxation and decreased muscle tone of bowel.

WHAT TO DO ABOUT IT: Drink plenty of fluids. Eat lots of fruits and vegetables, and foods containing bulk or roughage. If problem is severe or chronic, stool softeners may help.

HEMORRHOIDS Can occur anytime, but may be aggravated during pregnancy. Due to frequent constipation.

WHAT TO DO ABOUT IT: Avoid constipation by maintaining good bowel habits Sitz baths, ointments or suppositories may be necessary.

VARICOSE VEINS: Can not be prevented entirely, as some people are more prone to getting them. Due to increased venous pressure in the legs.

WHAT TO DO ABOUT IT: Do not cross legs. Keep feet in an elevated position when sitting or resting. Do not stand for long periods of time. Ask your doctor about support hose.

MUSCLE CRAMPS: Leg cramps are most commonly due to spasms of the lower leg muscles. No need for alarm unless accompanied by fever, swelling, tnederness or pain. Abdominal cramps usually represent tightening of the uterus and can be quite frequent, especially during the last months.

WHAT TO DO ABOUT IT: Leg cramps may be avoided by pointing with heels, rather than toes when stretching. Exercise and walking may help.

WARNING SIGNALS

Remember, feel free to ask your doctor any questions on each prenatal visit. However, if you experience any of the following signs or symptoms notify the OB Clinic at once:

Vaginal bleeding
Severe or continuing nausea and vomiting.
Continuous or severe headache.
Marked swelling or puffiness of the face, hands, ankles or feet.
Blurring of vision of spots before the eyes.
A marked decrease in the amount of urine passed.
Pain or burning on passing urine
Chills and Fever
Sharp or continuous abdominal pain.
Sudden gush of water from the vagina before the baby is due.

Walter Reed Army Medical Center has an OB physician on duty 24 hours a day to assist you in case of emergency. We ask that you call us before

coming to the hospital. During normal duty hours, 0800 - 1630 (8 a.m. - 4:30 p.m.), our outpatient clinic physician will see obstetrical problems or emergencies, on a walk-in basis. The phone number is: 576-1114. After normal duty hours, you can be seen in the Ward 43 exam room. The phone number is 576-1443.

ENTERING THE HOSPITAL WITH ONSET OF LABOR

With any of the following symptoms please call the hospital delivery suite at 576-1443/1444. Follow the instructions given by the nurse or doctor at that time.

1. CRAMP-LIKE PAINS in the low back or abdomen occurring at intervals, and intensity gradually becoming more and more severe and frequent. Labor is characterized by rhythmic forceful contractions of the muscles of the uterus. As a general rule, contractions begin 20 - 30 minutes apart and gradually become closer. It is appropriate to call when your contractions are about 10 minutes apart.

2. RUPTURE OF THE BAG OF WATERS. This may occur at any time during your pregnancy and should prompt your call to the hospital immediately with or without associated pain.

3. A BLOODY MUCOUS DISCHARGE (show) from the vagina, with or without pain, often indicates impending labor.

ADMISSION TO THE HOSPITAL

It is recommended that you geographically locate the OB Ward (43) prior to actually coming to the hospital in labor. This can be easily accomplished if you attend the "Orientation to Labor and Delivery at WRAMC" class during your last month of pregnancy. You can also complete pre-admission requirements at the end of this class.

If you are in labor, and you have been instructed by telephone to come to the hospital, report directly to Ward 43, on the fourth floor. Make arrangements for your transportation to the hospital in advance. Military ambulance is not authorized for obstetrical patients. In the event of emergency, the most effective means of transportation and care is your local Rescue Squad. That number should be obtained and recorded near your telephone.

Since our storage space is limited, we ask that you leave your suitcase in the car until after your delivery. Your husband or coach will be responsible for your personal effects while you are in the labor and delivery suite. This will include the clothing you are wearing at the time of admission. Do not bring valuables or large amounts of money with you.

Every effort is being made to offer family-centered maternity care to patients. Husbands/fathers of the baby, or a coach will be permitted

In the labor and delivery room with the permission of the attending physician. There is also a waiting room for expectant fathers or coaches on the Post-Partum Unit, Ward 44. A snackbar is available on the third floor of the hospital and is open 24 hours a day.

It is possible to participate in a system of "rooming-in" now being offered to those mothers who desire the opportunity to care for their infants throughout the day. Rooming-in is available from 0600 - 2200 hrs. (6 a.m. - 10 p.m.) daily.

WHAT TO BRING TO THE HOSPITAL WITH YOU

BRAS - Two good uplift brassieres. Whether or not you plan to nurse, you will be requested to wear your bra for 24 hours a day during the first week after delivery.

GOWNS - Two or more. If you plan to nurse your baby, the gowns should open in front.

SLIPPERS. One pair.

SANITARY BELTS - Two

ROBE - one. Not sheer.

TOILET ARTICLES - Comb, brush, boby pins, soap, shower cap, toothbrush, toothpaste, makeup.

READING MATERIAL

WRITING MATERIAL - Stationery, birth announcements, pen or pencils, stamps.

One outfit of clothing for yourself and your baby on the day of discharge. (You will not be able to wear the same clothes you did before you got pregnant, so bring a set of maternity clothes for discharge).

INFANT CAR SEATS ARE STRONGLY ENCOURAGED BEGINNING WITH DAY OF DISCHARGE.

INSTRUCTIONS FOR VISITORS

Your husband or coach will be able to visit you in the Recovery Room. You will be there for about six hours. Once you are assigned a post-partum room, your husband or coach can visit you and your baby any time from 1100 - 2100 (11 a.m. - 9 p.m.) hrs. Visitors are restricted to fathers and grandparents only! This is due to limitation of space and security. Only two visitors at a time will be allowed. Visiting hours for grandparents are also from 1100 - 2100 (11 a.m. - 9 p.m.). Please do not embarrass yourself or us by encouraging your friends to visit you in the hospital. There will be plenty of time to have a "Birthday Party" for your baby once you return home.

Of course fathers and grandparents will be allowed and encouraged to touch and hold and care for their babies.

Babies not rooming-in may be seen from the Nursery Viewing Windows any time during visiting hours.

There are phones in each postpartum room. However, their use is restricted to calls within the greater Washington Metropolitan Area. Long-Distance phone calls are not allowed on these phones, so make arrengements to notify long-distance relatives or friends from your home phone.

Children under 12 years old are not permitted anywhere on the fourth floor of the hospital.

Information regarding a patient will not be given to relatives or friends. Telephone calls by friends and neighbors to the OB Ward during labor and following delivery are discouraged. Information will be provided to husbands/father of the baby only. Please inform your friends that you will call or write them with information about the birth of your baby.

INFORMATION ABOUR YOUR HOSPITALIZATION

Every attempt will be made to make your hospital stay a satisfying and rewarding experience. We want you to know that every patient is a "Very Important Person" at Walter Reed Army Medical Center.

Experienced nurses and physicians will be available to help you with all aspects of mother and baby care, including infant feeding. We have a planned program of instruction just waiting for you.

If you wish your infant circumcised, you will be asked to sign a permit for this procedure. Normally, it will be done the day before discharge.

Your hospital stay will vary depending on the type of delivery:

Vaginal Delivery - discharge will be on the third post-partal day. (This does not count the day of delivery.)

Vaginal Delivery with elective post-partal tubal ligation - usually, your hospital stay will be increased by one more day. Therefore, you will be discharged on the fourth post-partal day. Remember, you must sign for this procedure at least 30 days in advance.

Cesarean Section - Discharge will be on the fifth post-operative day. (This does not count the day of delivery.)

This booklet of information is primarily intended to include most of the information for your prenatal questions and care. It is not intended to answer all your questions concerning infant care and the post-partal period. You will have an opportunity to learn and ask questions about this important period of your life while you are on Ward 44.

RESOURCES FOR EXPECTANT PARENTS

OB OUTPATIENT CLINIC, WALTER REED ARMY MEDICAL CENTER: 576-1116

WRAMC LABOR & DELIVERY SUITE, WARD 43: 576-1443

WRAMC POST-PARTUM WARD 44: 576-1444

WIC Supplemental Food Program: This is a health program designed for low income women who are going to have a baby, or have had a baby within the past year; infants and children through the age of five. The program provides the above individuals with certain nutritious foods in order to prevent, improve or correct nutritional deficiencies. If you think you may be eligible, please contact the Community Health Nursing Service at 576-2181, or American Red Cross, Walter Reed Army Medical Center at 576-1362 or 576-1345.

CLASSES:

1. PARENT AND CHILD, INC.: This group offers a series of eight two-hour classes throughout the year, stressing "prepared childbirth with breathing techniques." Written notification of the doctor that you are taking the course is required. Also available are activities and services such as a "Mother's Circle", monthly informal meetings, a breast-feeding council, a lending library of books about children, a bi-monthly newsletter, book sales, and a monthly calendar of events. For more information and current fees, call weekdays: 652-3474. This is a tape-recorded message that will refer you to the nearest representative in your area.

2. ASPO (AMERICAN SOCIETY OF PSYCHO-PROPHYLAXIS IN OBSTETRICS, INC.): This group is more familiarly known as the Lamaze technique or Natural Childbirth. Physician consent is necessary. Call 549-2226 for more information.and current fees.

3. CEA (CHILDBIRTH EDUCATION ASSOCIATION): This group also teaches the Lamaze method of breathing and relaxation. All classes are led by registered nurses who themselves have had at least one child using the Lamaze technique. Instruction takes place in six two-hour classes. Call 322-1555 for referral to the representative on duty. A fee is charged for the classes.

4. EXPECTANT PARENT'S CLASSES : These classes are offered free of charge through the WRAMC Community Health Nursing Service. They consist of a series of presentations dealing with Prenatal care, Labor & Delivery, and care of the newborn. Materials are distributed and a tour of the labor and delivery suite is included, if at all possible. Classes are held Tuesday and Thursday evenings at WRAMC. A 1979 schedule is available in the WRAMC OB Clinic. For more information and registration call: 576-2181.

5. AMERICAN RED CROSS offers a "Preparation for Parenthood", taught by authorized Red Cross Instructors in seven two-hour sessions. Topics discussed include: development of your baby, labor and delivery, exercise

before and after delivery, caring for your baby, and life as a family . For more information and registration, call 857-3623.

6. FLAME (FAMILY LIFE AND MATERNITY EDUCATION) offers six classes, two hours each, utilizing the Lamaze method of childbirth. The course fee includes the 6-class series, class materials, use of lending library, one-year newsletter subscription, and use of Tot Line. Lamaze review classes are also available. Call 323-6892 for more information. Class registration forms are available in the WRAMC OB Clinic.

7. The LaLeche League. This group offers free and immediate advice on breast feeding through its hot line. By dialing 534-8548, you will be referred to the nearest representative in your area.

8. WRAMC is finalizing plans to offer Lamaze classes to our eligible population. The course will be taught by registered nurses that are actively involved with the prenatal, labor and delivery, and post-partal care of the expectant family. Watch the Daily Bulletin, Stripe, and OB Clinic Bulletin Board for further announcement and details.

9. "ORIENTATION TO LABOR AND DELIVERY AT WRAMC" is held every other Monday and Friday morning from 1030 - 1200 (10:30 a.m. - 12 noon) hrs in the OB/GYN Clinic Conference Room. The class is taught by WRAMC OB-GYN Clinical Nurse Specialists and is open to expectant couples/coaches after the 36th week of pregnancy. The brief class covers the last month of pregnancy, labor and delivery, analgesia and anesthesia, and a tour of Wards 43 and 44. No advance registration is necessary. A schedule of classes is available in the OB Clinic.

FAMILY PLANNING METHODS OF CONTRACEPTION

Now is not too soon to begin thinking about a method of contraception that will best suit your needs. For your health as well as the health of your future children, it is generally recommended that an interval of about two years exist between the birth of one child and the conception of another. All methods of birth control are voluntary and the decision to use any method will be yours. This choice should be based on factual knowledge. The following is a brief outline of available methods.

"THE PILL" - Pills with two hormones, an estrogen and progestin, similar to the hormones a woman makes in her own ovaries. The pill prevents the egg's release from the ovaries, makes cervical mucous thicker and changes the lining of the uterus.

HOW EFFECTIVE IS IT? 99% if used consistently, but much less effective if used carelessly.

HOW WOULD I USE IT? Either of two ways: 1) A pill a day for 3 weeks, stop for one week, then start a new pack. 2) A pill every single day with no stopping between packs.

ARE THERE PROBLEMS WITH IT? Must be prescribed by a doctor. All women should have a medical exam before taking the "Pill", and some women should not take it.

WHAT ARE THE SIDE EFFECTS, OR COMPLICATIONS? Nausea, weight gain, headaches, missed periods, darkened skin on the face, or depression may occur. More serious and more rare problems are blood clots in the legs, the lung, or the brain, and heart attacks.

WHAT ARE THE ADVANTAGES? Convenient, extremely effective. Does not interfere with sex, and may diminish menstrual cramps.

INTRAUTERINE DEVICE (IUD) - A small piece of plastic with nylon threads attached. Some have copper wire wrapped around them. One IUD gives off a hormone progesterone. The IUD is inserted into the uterus. It is not known exactly how the IUD prevents pregnancy.

HOW EFFECTIVE IS IT? 97 - 99% if patient checks for string regularly.

HOW WOULD I USE IT? Check string at least once a month, right after the period ends to make sure your IUD is still properly in place.

ARE THERE PROBLEMS WITH IT? Must be inserted by a doctor after a pelvic exam. Cannot be used by all women. Sometimes the uterus "pushes" it out.

WHAT ARE THE SIDE EFFECTS? May cause cramps, bleeding, or spotting; infections of the uterus or tubes may be serious. See a doctor for pain bleeding, fever, or a bad discharge.

WHAT ARE THE ADVANTAGES? Effective, always there when needed, but usually not felt by either partner.

DIAPHRAGM WITH SPERMICIDAL JELLY OR CREAM: A shallow rubber cup used with a sperm-killing jelly or cream. Fits inside the vagina. The rubber cup forms a barrier between the uterus and the sperm. The jelly or cream kills the sperm.

HOW EFFECTIVE IS IT? About 97% effective if used correctly, and consistently, but much less effective if used carelessly.

HOW WOULD I USE IT? Insert the diaphragm and jelly (or cream) before intercourse. Must stay in at least 6 hours after intercourse.

ARE THERE PROBLEMS WITH IT? Must be fitted by a doctor after a pelvic exam. Some women find it difficult to insert, inconvenient or messy.

WHAT ARE THE SIDE EFFECTS? Some women find that the jelly or cream irritates the vagina. Try changing brands if this happens.

WHAT ARE THE ADVANTAGES? Effective and safe.

SPERMICIDAL FOAM, JELLY, OR CREAM: Cream and jelly come in tubes; foam comes in aerosol cans or individual applicators and is placed into the vagina. Foam, jelly and cream contain a chemical that kills sperm and acts as a physical barrier between sperm and the uterus.

HOW EFFECTIVE IS IT? About 90 - 97% effective if used correctly and consistently. Much less effective if used carelessly.

HOW WOULD I USE IT? Put foam, jelly or cream into your vagina each time you have intercourse. Do not use more than 30 minutes before intercourse and don't douche for at least 8 hours after intercourse.

ARE THERE PROBLEMS WITH IT? Must be inserted just before intercourse. Some find it inconvenient and/or messy.

WHAT ARE THE SIDE EFFECTS? Some women find that foam cream or jelly irritates the vagina. May irritate the penis. Change brands if this happens.

WHAT ARE THE ADVANTAGES? Effective, safe, a good lubricant and can be purchased at a drugstore.

CONDOM (RUBBER): A sheath of rubber shaped to fit snugly over the erect penis. Prevents sperm getting inside a woman's vagina during intercourse.

HOW EFFECTIVE IS IT? About 97% effective if used correctly and consistently. Much less effective if used carelessly.

HOW WOULD I USE IT? The condom should be placed on the erect penis before the penis ever comes in contact with the vagina. After ejaculation the penis should be removed from the vagina immediately.

ARE THERE PROBLEMS WITH IT? Objectionable to some couples. Interrupts intercourse.

WHAT ARE THE SIDE EFFECTS? Rarely. Occasional sensitivity to rubber. If this is a problem change to a brand that is not made from rubber.

WHAT ARE THE ADVANTAGES? Effective, safe; can be purchased at a drugstore Excellent protection against sexually transmitted infections.

CONDOM AND FOAM USED TOGETHER: Prevents sperm from getting inside the uterus by killing sperm and by preventing sperm from getting out into the vagina.

HOW EFFECTIVE IS IT? Close to 100% effective if both foam and condoms are used with every act of intercourse.

HOW WOULD I USE IT? Foam must be inserted within 30 minutes before intercourse and condom must be placed onto erect penis prior to contact with vagina.

ARE THERE PROBLEMS WITH IT? Requires more effort than some couples like. May be messy or inconvenient. Interrupts intercourse.

WHAT ARE THE SIDE EFFECTS? There are no complications.

WHAT ARE THE ADVANTAGES? Extremely effective, safe, and both methods may be purchased at a drugstore without a doctor's prescription. Excellent protection against sexually transmitted infections.

PERIODIC ABSTINENCE (NATURAL FAMILY PLANNING) Involves charting the days of each month when you are most likely to get pregnant. Intercourse is avoided at that time. Techniques include maintaining a chart of basal body temperature, checking vaginal secretions, and keeping calendar of menstrual periods, all of which can help predict when you are most likely to release an egg.

HOW EFFECTIVE IS IT? Certain methods are about 90 - 97% if used consistently. Other methods are less effective. Combining techniques increases effectiveness.

HOW WOULD I USE IT? Careful records must be maintained of basal body temperature, vaginal secretions, and onset of menstrual bleeding. Intercourse will be avoided during your time of ovulation (release of egg).

ARE THERE PROBLEMS WITH IT? Difficult to use method if menstrual cycle is irregular. Sexual intercourse must be avoided during fertile days of cycle.

WHAT ARE THE SIDE EFFECTS? No complications are involved.

WHAT ARE THE ADVANTAGES? Safe, effective if followed carefully. Teaches women about their menstrual cycle.

STERILIZATION

VASECTOMY (male) TUBAL LIGATION (female) - Ducts carrying sperm or egg are tied and cut surgically. Closing of tubes in male prevents sperm from reaching egg (does not interfere with ejaculation or libido). Closing of tubes in female prevents egg from reaching sperm.

HOW EFFECTIVE IS IT? Almost 100% effective and NOT USUALLY REVERSIBLE.

HOW WOULD I USE IT? After the decision to have no more children has been well thought through, a brief surgical procedure is performed on the man or the woman. At WRAMC, a post-partal tubal ligation can be performed while an in-house delivery patient. The permission request for the procedure MUST BE SIGNED AT LEAST 30 DAYS PRIOR TO DELIVERY.

ARE THERE PROBLEMS WITH IT? Surgical operation has some risk but serious complications are rare. STERILIZATION SHOULD NOT BE DONE UNLESS NO MORE CHILDREN ARE DESIRED.

WHAT ARE THE SIDE EFFECTS. Some pain may be present for a few days. Occasionally, the structure may grow back together. There is no loss of sexual desire or ability in the vast majority of patients.

WHAT ARE THE ADVANTAGES? The most effective method; low rate of complications; many feel that removing fear of pregnancy improves sexual relations.

A LIST OF TERMS YOU MAY HEAR

UTERUS - The pear-shaped organ where the baby is carried and nourished before birth.
CERVIX - The neck (opening) at the lower end of the uterus.
FUNDUS - The upper rounded portion (top) of the uterus.
AMNIOTIC SAC (bag of waters) - The sac within the uterus, containing the baby and waters (amniotic fluid) before birth.
BRAXTON-HICKS - Painless uterine contractions present throughout pregnancy.
LIGHTENING (Dropping) - the descent of the uterus into the pelvic cavity. Usually occurs 2 - 3 weeks before labor begins for first-time mothers; occurs shortly before labor begins in mothers experiencing subsequent labors.
ENGAGEMENT - Entrance of the baby's presenting, usually the head, into the pelvis.
COLOSTRUM - The yellowish fluid produced by the breasts during pregnancy and the first few days following delivery. Contains antibodies which are passed to the nursing baby.
EFFACEMENT - The shortening and thinning out of the cervix.

DILATATION - The expansion of the cervical opening. Expressed in centi meters (cms) 10 cms being fully dilated. (Also measured in "fingers" 2 cms = 1 finger.

CROWNING - When the infant's head becomes visible and does not recede.

PERINEUM (Pelvic Floor) - The area surrounding the urethra, vagina and anus.

POSITIONS - The way the baby is situated in the pelvis:
Anterior - Baby is born face down (most common).
Posterior - Baby is born face up.
Breech - One or both feet or buttocks are born first.
Transverse - Baby is lying crosswise in the uterus, but can not be born this way.

STAGES OF LABOR - First stage; from first real contraction until full dilatation.
Second stage; from full dilatation to the birth of the baby.
Third Stage; from birth of the baby until birth of the placenta.

PLACENTA (Afterbirth) - The organ attached to the wall of the uterus through which the baby obtains its oxygen and nourishment. It also produces hormones. Baby excretes wastes by means of the umbilical cord.

APGAR - Rating given to baby at one minute and at 5 minutes after birth according to its pulse, respirations, muscle tone, irritability and color.

ANALGESIA - Medications which relieve pain. In labor, used during first stage.

ANESTHESIA - Medications which produce varying levels of loss of feeling and/or conciousness. Used during labor and delivery.

EPISIOTOMY - Surgical incision of the perineum which enlarges the vaginal opening to allow easier passage of the baby.

LOCHIA - Vaginal discharge present the first few weeks after delivery.

TYPES OF OB/GYN CLINICS AVAILABLE

1. FAMILY PLANNING CLINIC: This clinic is designed for the patient seeking birth control means and for routine follow-up and renewal of contraception. This clinic is for the patient having no gynecological or other problems with contraceptives. An appointment can be scheduled by calling the Central Appointments System at 576-2761. This clinic is held on Friday afternoons.

2. POST PARTUM CLINIC: This clinic is for the six week check-up following delivery. All problems or questions concerning post partum care and contraception should be discussed with the physician at this time. Because of the high delivery rate at WRAMC, these appointments are usually booked two to three weeks in advance. Therefore, patients should schedule their appointments soon after discharge from the OB Ward by calling 576-2761. The clinic is held on Friday afternoons.

3. GYN CLINIC: This clinic is designed for gynecology examinations (pap smears, pelvic exams and breast exams), patients with complicated contraception problems (trouble with the IUD, birth control pills, etc.), and for patients who have had minor surgical procedures (such as vabras, abortions, or sterilization). The clinic is covered by five civilian doctors and various military residents, and operates Monday through Friday 0745 - 1630 (7:45 a.m. - 4:30 p.m.) Drs. Deane, Friedel, Milstead, Shea and Walters are the civilian physicians. Every attempt is made to appoint the patient with the physician of her choice. Please call 576-2761 for an appointment.

4. SPECIAL GYN CLINICS: These are highly specialized clinics and are designed for referral patients ONLY. These clinics include colposcopy, cryosurgery, genetic counseling, infertility, oncology, pre and post op, and sterilization (this is the only clinic that does not require a referral). These clinics are open at various times throughout the week, but appointments can only be made through referrals from other physicians. Appointments are scheduled by calling 576-2761.

5. NEW OB CLINIC: This is the initial visit for patients entering the obstetrical clinic. It is held Wednesday mornings at 0800 (8 a.m.). During this visit patients will be given an orientation to obstetrical care at WRAMC by the clinic nurse, followed by instructions from the physical therapist on prenatal exercises. Patients will be taken to the laboratory for routine lab work and to the dental clinic to be seen by the dental hygienist. The clinic lasts approximately 3 1/2 hours. Because of the length of the clinic, patients should make every effort to be on time. When calling Central Appointments (576-2761) for an appointment, the patient will be scheduled with a follow-up obstetric visit within 10 working days. This will be the first appointment with the physician. She will also be scheduled for an appointment with the staff dietitian to discuss prenatal nutrition. It is important to remember that if this initial appointment is not kept, then all subsequent appointments must be rescheduled.

6. RETURN OB CLINIC: This clinic is for routine follow-up obstetric examinations. Patients appointed to this clinic have already had their new OB Clinic visit. Every attempt is made to appoint the patient with the physician of her choice. This clinic is held on Monday and Friday mornings. Each patient is asked to bring in her first morning urine specimen to the outpatient laboratory before reporting to the clinic. The physician will determine when the patient's appointments should be scheduled and she should make every effort to keep her appointments. To schedule an appointment, call 576-2761. If you wish to cancel an appointment you should call 576-2761 and reschedule the appointment no later than one week after the original appointment date.

A special obstetrical clinic for patients with problem pregnancies is held on Tuesday mornings. This complicated OB Clinic is only for patients who have been referred by their OB doctor.

7. EMERGENCY WALK-IN CLINIC: The purpose of this clinic is to examine and treat patients with emergency gynecology or obstetric problems. No prior appointment is needed but dependents of military personnel must first be triaged or screened by the emergency medical personnel in the Outpatient Clinic. If it is deemed necessary, those GYN emergency patients will be referred to this clinic. Active duty personnel with emergency problems may come into the clinic when necessary bringing their health records with them. They will be triaged by the clinic nurse. All obstetric patients who have a medical problem which cannot wait until the next appointment (bleeding, pelvic pain, leakage of fluid, etc) will be seen in this clinic. OB patients DO NOT have to be triaged in the Outpatient Clinic, but should call the clinic nurse at 576-1114 to be given an appropriate time to come in.

Because of the number and variety of patients seen in this clinic, there may be some delay before the patient can be examined. It is important to remember that dire emergency cases and active duty military personnel have priority in this clinic. This clinic is not designed for routine examinations, only the emergency problem is treated at this time. The clinic is open Monday through Friday, 0745 - 1630 (7 a.m. - 4:30 p.m.).

Although appointments are scheduled through a central service and the clinic staff makes every effort to adhere closely to the schedule of patients, there may, at times, be a delay to see the physician. This waiting period can be shortened if patients report on time for their appointments. Patients who are fifteen minutes late or later for their appointment may be asked to reschedule it. It would also be helpful to the staff, as well as to other patients, if cancellations could be called in before appointment time. Please call 576-1114 or 576-2249 if a cancellation is known in advance.

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